

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. XI.

LOUISVILLE, FEBRUARY 5, 1881.

No. 6.

R. O. COWLING, A. M., M. D., Editor.

H. A. COTTELL, M. D., Managing Editor.

DEATH IN ART.

The London Lancet criticizes the manner of death which is adopted on the stage. Its particular reference is to the method which Connaro, in the play of "The New Trial," now exhibited at a London theater, succumbs to the poison he has taken. The doctor of modern pattern, with microscope upon his table, views the agony and makes no effort to interfere; and the hero goes to his end, after symptoms of the ultra-stagey sort, which no doctor would be able to diagnose. The Lancet thinks that such exhibitions are not pleasing or instructive, and is of opinion that a return to the usages of the ancients, in allowing all deaths to take place out of sight, would be a distinct gain to the modern stage.

We are not wholly agreed with the Lancet upon this point. Advancing years and improved taste perhaps have not robbed us of the memories of our youth, and the interest then imparted by a first-class surrender of the ghost before the footlights. For the sake of those who come after us, we trust Macbeth will never die in private nor Richard succumb in sequestered spot. How the old thrill comes back! When the polished rapiers were put aside, and stout and pointless blades were assumed for business; when they drove each other through barbacan, over bridge, from wing to wing, clear up to the stage-boxes, practicing "every feint and ward"—"two up and one down"—before the tyrant fell, to last a few minutes longer resting on elbow and hip. It was

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an ill-conditioned boy who did not think such a scene repaid him for his half-priced admission.

But mortal combats are one thing and fatal diseases another. We think in this matter much improvement could be made on the methods of the stage; that the approaches to death could be toned down to the minimum, which would indicate what was the matter, and the agony at last be cut as short as possible. The cough of Camille is not a very interesting sound; and one lady—Miss Coombs—we pleasingly remember, gave us very little of it. Others we might mention rattle away with it on every occasion, and are supposed to be very true to nature; but they are not, for the cough of advanced phthisis, to be wholly realistic, should be concluded by an occasional vomit, which would be clearly unattractive to the boxes. So, too, there is a Brooklyn *artiste* who enacts a heroine with heart-disease, and who to make herself perfect has, it is said, studied the matter clinically, to see how people do with cardiac trouble. But she could not have learned much which would be of advantage to her; as the evidence of pain from valvular lesion—at the distance she stands from the audience at any rate—would not vary essentially from the expressions of a concentrated stomach-ache; and to be entirely realistic she should exhibit swollen ankles, which we dare swear no devotion to art will lead an actress to do.

It was in the days of our fathers that two rival companies announced their exhibitions, one "the Cataract of the Ganges with real water," and the other, not to be outdone, "the Forty Thieves with real thieves."

Plainly, there is such a thing as being

too true to nature. So far as disease and death on the stage are concerned, we still sympathize with the Bowery boy's "Wake me up when Kirby dies," but would see as little as possible of mad-houses and hospitals outside of professional walks.

WE call attention to the letter of Prof. Gross, taken from the New York Medical Record, in reply to certain slanderous and exceedingly foolish assertions concerning the lack of clinical study in Philadelphia.

Correspondence.

"HOW SHALL THE DOCTOR MAKE MORE MONEY?"

Editors Louisville Medical News:

By not making, as they do in this city, a charge for a visit, whether of five or thirty minutes, of three dollars, or a charge of a dollar and a half to two dollars for writing a prescription (which may do, and half the time does, no more good than so much water). If the doctor charges for a few minutes' service what it takes a man two days to earn in ordinary employment, and even trade (I take a dollar and seventy-five cents average, the year through, and am a trader whose calling harms nobody), why the doctor may lose the pay for such service, and deserves to lose it. His time is worth no more than any other man's time in honest callings.

We have doctors here—e. g. oculists—who will not look at a case under fifty dollars. Another oculist and aurist offered to *syringe* the writer's ear for *five dollars*. Dr. — charged the writer fifteen dollars for fifteen minutes' thumping of his chest to ascertain its condition. He got three dollars, and never any balance.

It is nothing but the exorbitant charges made by the physicians that prevent their being paid a fair price for their services. Unfortunately it has been for years the fashion for the faculty to charge enormous fees. Considering their constant blundering, their failure to cure—often even to relieve—their contemptuous treatment of intelligent persons, who yet see their incompetency, for venturing to doubt their assumption of su-

perior wisdom, one would think they might have learned a lesson.

The number of cases restored by persons not physicians by profession—old women seem to get this honor mostly—when such cases have been given up by doctors, is known to be legion. In the town where the writer lives Dr. B. prophesied the death of certainly half a dozen persons whom he could not cure, and all yet living and in fair health, and yet he got his pay for giving *no* equivalent.

Let doctors charge as men in ordinary business do—five dollars a day, or at the most ten dollars a day—for any man with a family can live upon three thousand dollars a year handsomely in any city in this broad land. And he will get as many of his bills paid as other men do. He should expect no more. He can make a rule *not to let his charges* exceed ten dollars a day. I rate my charges at five dollars a day, because I can live on that, and save something, too.

BOSTON, MASS.

CENSOR.

Editors Louisville Medical News:

As your article in the News under date of January 8th on "Good Whisky and Bad" is nothing more nor less than an advertisement, it does not merit a review; but the News itself does deserve severe criticism for permitting the publication of such an advertisement under the disguise of an editorial. If the Newcomb-Buchanan Company wish to advertise the excellency of their whiskies, it would be cheaper, at least to you, for them to pay the regular rates if they have not paid you. I am aware you will cast this in the waste-basket, or say if I know more about editing the News than you I should take possession. But seriously, I have been a reader of the News for several years, and have never seen any thing in it but to admire before this. I look for its coming with the pleasure of the visits of an old friend; for indeed it is my friend and guide.

LITTLE ROCK, ARK. T. J. DRAPER, M.D.

[We are always glad to receive well-meant criticism upon the course of the News, whether favorable or otherwise. The article on "Good Whisky and Bad" was written by the editor after careful study of the subject, and the statements made therein are strictly accurate. We do not believe that any more important matter in therapeutics has been presented through the columns of the News. The value of a guar-

antee for good whisky can not be overestimated. The present supply, as obtained from our pharmacies, we repeat, is villainous, and the best endeavors of physicians have been continually thwarted by the poisonous compounds sold by our druggists under the label "for medicinal purposes." The Newcomb-Buchanan whisky is all that it says it is. It is of course not the only good whisky in Kentucky, but it is the only manufacture which now is *guaranteed*. It is sold in cases of a dozen each at \$12, so that it should reach consumers at a price not far beyond that now paid for a greatly inferior article. We again express the hope that this or the guaranteed brand of equally good distillers will take the place of the horrid stuff which our pharmacies at present dispense; and physicians would do good service in demanding it.

As to the advertisement of the Newcomb-Buchanan Company of which our correspondent complains, we trust it will prove profitable to them. The more they make out of it the better will it be for the profession. But the fact is, we are rather afraid that with the present boom in whiskies the profits are not as great as we might wish to come in the way of such personal friends. We hope our correspondent will fall in with a bottle of the N. B. brand. We are quite sure it will put him in a more kindly mood toward it.—ED. NEWS.]

"HOW SHALL THE DOCTORS GET MORE MONEY?"

Editors Louisville Medical News:

Will you let a young doctor get in a lick? The medical paper is the medium through which doctors must let their wants be known and improve them, because it is published for their benefit and is paid for by them.

The profession is over-crowded, but there is room at the top. It is not expected that all of us get to the top! The inference that those at the top are wealthy and wise, is of course plausible; but that they are also to blame for the sad state of money matters with us of the profession is just as plausible. These top men make the surplus of young doctors, they run big practices, and can afford to charge little and wait long.

And the middle-men—they are generally old cronies with a tolerably good practice, own a home and a family, and manage to make both ends meet. They are generally grumblers—grumbling at the top man for su-

periority, and at the down man for majority. They are generally jealous fellows, guarding their practice by charging moderate fees and waiting—according to the requirements of their customers.

And the down men are young-fledged graduates with hardly enough experience to diagnose a case of piles from varicocoele, with empty pockets, fresh from the diploma-mill, and without the hope of ever getting a case. He opens an office in the midst of the top and the middle variety, waits, gets a case, and then waits for his fees. He needs his money but must follow suit, and as he rises in the scale he falls into the old custom. Three out of five he do n't rise, and he becomes a drummer.

Altogether, money matters ought to be improved, and we rely on the News, which in times gone by ventilated several nuisances. Let us hope that the News will give this subject a thorough airing. The top men and the middle men and the down men must club together, and by united action we may reach the bank. Do n't run each other down and say, "too many doctors." Think, top and middle men, that you were down once, and that your preceptors cursed your audacity in studying medicine! Competition must be; it makes life worth living; and the worthy ones must succeed, the laggards fail. Doctors disagree too much! They should stick together, stand up to their fee-bills, and collect thirty days after date—ten per cent on bills overdue. Make a business of your profession, and you will be respected by having money in your pocket.

Bad bills are found in every business, and every business man loses more or less every year, therefore we must conclude to lose some bills. But recollect that money is not every thing—the thought of doing right to one's self and to others is far more valuable. Let us move forward in a solid phalanx!

Will the next man now appear before the curtain?
A DOWN MAN.

FERDINAND, IND.

A FARMER in Scotland has been fined £1, with £2 5s. expenses, for a breach of the Dairies, Cowsheds, and Milkshops Order of Council of July, 1879, under the Contagious Diseases (Animals) Act, 1878, under the following circumstances: He had a daughter in his house suffering from scarlet fever and measles, upon whom his wife attended while she also was in discharge of her duties in the dairy.—*British Med. Journal*.

Books and Pamphlets.

AMERICAN HEALTH PRIMERS: OUR HOMES. By Henry Hartshorne, A.M., M.D., formerly Professor of Hygiene in the University of Pennsylvania, etc. Phila.: Presley Blakiston, 1012 Walnut St. 1880.

DIAGNOSIS AND TREATMENT OF EAR-DISEASES. By Albert H. Buck, M.D., New York City, Aural Surgeon to the New York Eye and Ear Infirmary, Instructor in Otology in the College of Physicians and Surgeons, City of New York. New York: William Wood & Co., 27 Great Jones Street. 1880.

ATLAS OF SKIN-DISEASES. By Louis A. Duhring, M.D., Professor of Skin-diseases in the Hospital of the University of Pennsylvania, Consulting Physician to the Dispensary for Skin-diseases, Dermatologist to the Philadelphia Hospital, and author of A Practical Treatise on Diseases of the Skin. Part VIII: Erythema Multiforme (Papulosum); Psoriasis; Syphiloderma (Tuberculosum); Tinea Trichophytina (Circinata et Tonsurans). Philadelphia: J. B. Lippincott & Co. 1880.

AN ELEMENTARY TREATISE ON PRACTICAL CHEMISTRY AND QUALITATIVE ANALYSIS. Specially adapted for use in the Laboratories of Colleges and Schools and by Beginners. By Frank Clowes, D.Sc., Lond., Fellow of the Chemical Societies of London and Berlin; Fellow of the Institute of Chemistry; Senior Science Master at the High School, Newcastle-Under-Tyne; late Science Master at Queenwood College. With illustrations. From the third English edition. Philadelphia: Henry C. Lea's Son & Co. 1881.

MINOR SURGICAL GYNECOLOGY: A Manual of Uterine Diagnosis and the lesser Technicalities of Gynecological Practice, for the use of the advanced Student and general Practitioner. By Paul F. Mundé, M.D., Professor of Gynecology in Dartmouth Medical College; Obstetric Surgeon to Maternity Hospital, New York; Physician for Diseases of Women to the Outdoor Department of Mt. Sinai Hospital; Fellow of the American Gynecological and the New York Obstetrical Societies; Corresponding Fellow of the Obstetrical Societies of Edinburgh and Philadelphia, and of the Gynecological Society of Boston. With three hundred illustrations. New York: Wm. Wood & Co., 27 Great Jones Street. 1880.

PHOTOGRAPHIC ILLUSTRATIONS OF CUTANEOUS SYPHILIS. Complete in twelve numbers. Nos. 4, 5, and 6. Price, two dollars. By Henry Fox, A.M., M.D., Clinical Lecturer on Diseases of the Skin in the College of Physicians and Surgeons, New York; Surgeon to the New York Dispensary, Department of Skin and Venereal Diseases; Fellow of the American Academy of Medicine; Member of New York Dermatological Society, the American Dermatological Association, etc. Forty-eight plates from life, colored by hand. No. 4 contains—Syph. Papulosum et Pustulosum; Syph. Pustulosum; Syph. Pustulosum Corymbiforme; Onychia Syphilitica. No. 5: Syph. Papulosum Humidum; Syph. Papulo-squamosum; Syph. Pustulo-squamosum; Hydroa Pemphigus Iris. No. 6: Eczema Squamosum; Syph. Squamosum Circinatum; Syph. Tuberculosum Ulcerativum; Syph. Squamosum Gyrtatum; Syph. Squamosum Circinatum; Syph. Tuberculosum. New York: E. B. Treat, 757 Broadway. 1880.

NATIONAL BOARD OF HEALTH BULLETIN. Vol. II, No. 29. Washington, D.C., January 15, 1881.

AMERICAN HEALTH PRIMERS: SCHOOL AND INDUSTRIAL HYGIENE. By D. F. Lincoln, M.D., Chairman Department of Health, Social Science Association. Philadelphia: Presley Blakiston, 1012 Walnut Street. 1880.

HANDBOOK OF SYSTEMATIC URINARY ANALYSIS, CHEMICAL AND MICROSCOPICAL. For the use of Physicians, Medical Students, and Clinical Assistants. By Frank M. Deems, M.D., Laboratory Instructor in the Medical Department of the University of New York, Member of the New York County Medical Society, Member of the New York Microscopical Society, etc., etc. New York: The Industrial Publication Company. 1880.

Formulary.

FOR PAIN FOLLOWING THORACENTESIS.

Dr. Peacock furnishes the following, in the Med. Press and Circular:

R Chloral hydrate..... gr. xx;
Ammon. bromid..... gr. x;
Tinct. aurantii..... ʒ ss;
Aq. ad..... ʒ j;

Take at bedtime if needed.

R Ammon. carb..... gr. v;
Inf. senega..... ʒ j.

Take in one dose if there be much depression.

FOR SORE THROAT AND DIFFICULTY IN SWALLOWING.

R Glycerini acidi tannici..... ʒ j;
Liq. morph. hydrochlor..... ʒ x;
Aq. ad..... ʒ j.

Ft. gargarisma.—*Ibid.*

FOR DYSPNEA AND TROUBLESOME COUGH.

R Spir. ammon. ar..... } aa ʒ ss;
Spir. etheris..... }
Tinct. opii camph..... ʒ xv;
Aq. camp..... ʒ j.

Take at one dose as required.

TREATMENT OF SYPHILIS.

From *Le Union Médicale*. Translated by Canada Journal of Medical Science:

M. Martineau does not prescribe mercury at the time of the chancre's appearance, but only at the beginning of the secondary symptoms. This is at least prudent when the diagnosis of the indurated chancre is not perfectly clear. It would doubtless be no indifferent matter to cause a patient, in spite of himself, to undergo for three years M. Martineau's treatment for being guilty of a soft chancre.

M. Martineau prefers to administer mercury by the mouth, and he prefers Sédillot's pills—one pill the first week, two for six weeks, then one for the following months. In the course of the second year he gives a teaspoonful a day of Van Swieten's liquor or a Dupuytren's pill. M. Martineau indicates many formulæ for Van Swieten's liquor. Here is that of M. Mauriac:

Distilled water	550	grams;*
Syrup of morphine.....	250	"
Orange-flower water.....	100	"
Tincture of mint.....	4	"
Rectified spirit	95	"
Sublimate.....	1	"

One teaspoonful in a cup of milk.

For Dupuytren's pills the physician of Lourcine usually employs the following formula:

Bichloride of mercury..... 0.005 grams;

Extract of opium..... 0.01 "

for one pill, to be taken before breakfast.

The iodide of potassium is also administered in moderate doses of fifty centigrams to one gram daily. Here is the formula usually employed:

Distilled water..... 400 grams;*

Iodide of potassium..... 40 "

One to two teaspoonfuls at night in half a wine-glass of water, sweetened with syrup of bitter orange-peel.

The sulphides, the third therapeutic agent in syphilis, ought to be employed from the end of the second year. If the patients can not betake themselves to some mineral station, he prescribes sulphur baths, and to drink for fifteen days of each month, and this for about three months, Challes water, sulphurous bromo-iodide water, in the dose of half a glassful morning and evening, mixed or not with milk. The sulphurous water facilitates the absorption and the elimination of mercury, permits of its being given in large doses without provoking mercurial stomatitis, and even combats this last as efficaciously as chlorate of potassium.

Pharmaceutical.

ATTENTION is specially directed to the advertising page of McKesson & Robbins, which is changed this week. This firm of manufacturing chemists are making steady endeavors to supersede the sulphate of quinine with the bisulphate, which is their specialty. The superior solubility of the bisulphate (one in ten, while the quinia sulphate is one in seven hundred) seems an excellent reason why it is to be preferred.

The table of prices for the several varieties of pills—bisulphate, sulphate of cinchonidja, and powdered purified chinoidine pills—are given. The chinoidine pills especially are quoted at extraordinarily low rates, and they should, we think, come into more extensive use under their own name.

Concerning the excellence of the Messrs. McKesson & Robbins's preparations, it is unnecessary to speak. Their gelatine-coated pills are the perfection of pharmaceutical art, and their absolute reliability was never questioned.

*A gram is 15.432 grains.

Miscellany.

CLINICAL ADVANTAGES IN PHILADELPHIA.

Letter from Prof. S. D. Gross to the New York Medical Record, December 11, 1880:

In your issue of December 4th there is what purports to be an extract from the London Lancet, written by a Philadelphia correspondent, reflecting seriously upon the clinical teachings of the Philadelphia hospitals. "Clinical study," says this Cerberus, "in the medical curriculum, is apparently unnecessary. I was assured that at the Jefferson College, which is one of the leading medical schools in the country, a man might take his degree in medicine and go forth to practice his profession without ever having seen a case."

Who this slanderer is, I of course do not know; but, I am deeply chagrined to see such a paragraph in your widely-circulated journal without a flat contradiction. Instead of this, you place a part of the last sentence in italics, with a note of exclamation, as much as to ask, "Can this thing be possible?"

This thing is not possible. Every body acquainted with the history of the Philadelphia schools knows that the statement of the correspondent of the London Lancet is false in every particular. Without going into comparisons, it is safe to assert that nowhere on this continent is there greater attention bestowed upon clinical teaching than there is at our hospitals. Elderly men, middle-aged men, and young men, all able, more or less highly cultured and fully up in point of knowledge with the existing states of the various branches of the medical sciences, are daily engaged for at least ten out of every twelve months in delivering instruction of this kind in connection with our large and well-equipped hospitals. As to the Jefferson Medical College, into which this slanderer seems to take special delight in fastening his venomous fangs, it is a well-known fact—a fact which long ago passed into history—that it was the first school in this country in which clinical instruction was given. It was emphatically the founder of the surgical clinics of the United States, if not also of the medical. Those who are acquainted with Dr. George McClellan, the founder of the school—a man of great genius and of large reputation as a skillful surgeon and an eloquent lecturer—will have no difficulty in awarding to him this distinguished honor. For at least forty years the college has prided

itself upon its clinical teachings in surgery, medicine, and midwifery, to which were recently added gynecology, ophthalmology, otology, and laryngology; in fact, every thing that is taught in any of the best schools in the world. Daily clinics are held in the magnificent amphitheater in the new hospital dedicated three years ago. What is true of the Jefferson College in this respect is equally true of the University of Pennsylvania. Both schools have most able corps of clinical teachers, inferior to none in this or, I venture to assert, in any other country.

The slanderous statement of the London correspondent can only be explained on the supposition that he is the very fellow who, by the grace of God, obtained a degree from the college *without ever having seen a case*, his indolence and indifference not having permitted him to avail himself of the precious pearls that are daily thrown before *such swine* in the ample amphitheatres of the Philadelphia hospitals.

I am, very truly yours,

S. D. GROSS.

PHILADELPHIA, December 5, 1880.

[We made the quotation for what it was worth, and on the authority of a correspondent of the London Lancet. We preferred that a denial of the facts in the case should come from headquarters, and we publish the letter of Prof. Gross with great satisfaction.—
ED. N. Y. MED. RECORD.]

FOG AND PHYSIC.—In a paper prepared by Dr. Arthur Mitchell the influence exerted over the mortality of London by the memorable fog which continued from November, 1879, to February, in the year just past, is exhibited the death-rate of the metropolis, being shown to have grown from 1,754 to 3,376, which number of deaths was registered in one week (Med. Press and Circular). In other large towns no such huge increase was noted, although a certain amount of illness terminating in death could be attributed in excess to the prevalence of fogs. It is significant that asthma is the disease to which, in greatest numbers, deaths were attributed during the prevalence of the great fog in London, and at the present time the experience of physicians points to the same affection as the most potent agent in swelling the list of casualties in their practice. Moreover, pneumonia, bronchitis, and pleurisy are chief among the ailments whose ratio is highly increased during the foggy period of an English winter, bronchitis especially rising

to an unprecedented height. It is well, in view of this fact, and the constant possibility that the history of 1880 may be at any time a repetition of that of the previous year, to consider the details already presented to us in explanation of the occurrences now familiar to all our readers. There seems to be no question that the principal evil to be dreaded in connection with dense fogs is less due to the mere vaporous atmosphere than to the precipitated impurities with which it is charged. Injurious though it may be, the former presents elements of danger against which reasonable precautions will avail; but of the latter it may be said that hardly any remedy is found to avail against it. Compounded of soot impregnated with gaseous acids, ammonium, sulphide, and numerous other highly irritating impurities, a covering is formed for the aqueous vesicles, of which the fog-cloud primarily consists, and it is easy to see how the respiration of such an atmosphere will affect the lungs of the one breathing it. Even where no predisposition to disease exists there may well be created a tendency to contract it under conditions so inimical to healthy breathing; and hence it can be understood that the mortality returns during the prevalence of fog are largely swelled by deaths from lung affections. In certain situations the danger arising from this source is further enhanced by the existence of manufactories in their neighborhood, emanations from which largely multiply the probabilities of danger to life.

FOOT-AND-MOUTH DISEASE AND CREMATION.—The outbreak of foot-and-mouth disease, recently reported, calls the attention of our sanitary authorities to the advisability of adopting the cremation rather than the burial of diseased cattle (British Med. Journal). Pasteur has shown that the soil of fields where cattle dying of "charbon" or splenic fever have been buried remains permanently infected with the disease, and becomes at any moment the origin of new outbreaks. Spencer Wells recently pointed out, in his paper at the last meeting of the British Medical Association, the observations of our own Darwin "on the formation of mould," made more than forty years ago, when he was a young man, are curiously confirmatory of the recent conclusions of Pasteur. In Darwin's paper, read at the Geological Society of London in 1837, he proved that in old pasture-land every particle of the superficial layer of earth overlying different

kinds of subsoil has passed through the intestines of earth-worms. The worms swallow earthy matter, and after separating the digestible or serviceable portion they eject the remainder in little coils or heaps at the mouth of their burrows. In dry weather the worm descends to a considerable depth and brings up to the surface the particles which it ejects. This agency of earth-worms is not so trivial as it might appear. By observation in different fields Mr. Darwin proved in one case that a depth of more than three inches of this worm-mould had been accumulated in fifteen years, and in another that the earth-worms had covered a bed of marl with their mould in eighty years to an average depth of thirteen inches.

Pasteur's recent researches on the etiology of "charbon" show that this earth-mould positively contains the specific germs which propagate the disease, and that the same specific germs are found within the intestines of the worms. The parasitic organism, or *bacteridium*, which, inoculated from a diseased to a healthy animal, propagates the specific disease may be destroyed by putrefaction after burial. But before this process has been completed germs or spores may have been formed, which will resist the putrefactive process for many years, and lie in a condition of latent life, like a grain of corn or any flower seed, ready to germinate and communicate the specific disease. In a field in the Jura, where a diseased cow had been buried two years before at a depth of nearly seven feet, the surface-earth not having been disturbed in the interval, Pasteur found that the mould contained germs which, introduced by inoculation into a guinea-pig, produced charbon and death. Further, if a worm be taken from an infected spot the earth in the alimentary canal of the worm contains these spores or germs of charbon, which, inoculated, propagate the disease. And the mould deposited on the surface by the worms, when dried into dust, is blown over the grass and plants on which the cattle feed, and may thus spread the disease. After various farming operations of tilling and harvest, Pasteur has found the germs just over the graves of the diseased cattle, but not to any great distance. After rains, or morning dews, the germs of charbon, with a quantity of other germs, were found about the neighboring plants; and Pasteur suggests that, in cemeteries, it is very possible that germs capable of propagating specific diseases of different kinds, quite harmless to the earth-worm, may be carried to

the surface of the soil, ready to cause disease in the proper animals. The practical inferences in favor of cremation are so strong that, in Pasteur's words, they "need not be enforced."

STAINING ANIMAL TISSUES WITH ANILINE FOR HISTOLOGICAL STUDY.—Multiple stainings are now the rule among histologists, and new observations in this direction are always welcome. The following extract is from a letter to Dr. L. S. Oppenheimer from Mr. Thomas Brown, B. A., B. Sc., F. S. S., of Glasgow, who has been at work for some time in Waldeyer's laboratory at Strasbourg:

I have been experimenting latterly with double staining, and have succeeded well with it. It does not answer where there is but one kind of tissue, of course, but where there are several it differentiates nicely; e. g. skin of the chin shows hair-follicles beautifully; liver-scirrhoses show liver-cells pink and fibrous tissues green, etc.

In case you have not tried it I will tell you how I have succeeded. Immerse the cut in a *very, very weak* solution of aniline green for twenty-four hours. At the end of twelve hours the cut will most likely have absorbed all the green; then add two drops more; then take a middling strong solution of Beale's carmine and dip the section in it for from *one to five minutes* only; then prepare with alcohol and clove oil in the usual way, bedding in dammar-lac.

Perhaps this is known in America already, but Waldeyer never saw the process before. I know it has been successfully used by Roth-roch, of Philadelphia, in botanical sections, but I have not heard of it in animal histology before. If it is new to you, try it, and tell me how you succeed.

PERITONEAL TRANSFUSION OF BLOOD.—The transfusion of blood into the peritoneal cavity recommended by Ponfick, and supported by the experiments of Bizzozero and Golgi, has been recently practiced in Italy with marked success (British Medical Journal). The case is reported in the *Annali di Ostetricia* of June last. The patient, who was moribund from hemorrhage after parturition, was transfused with two hundred grams of defibrinated blood taken from a man by venesection, and injected into the peritoneal cavity. There was no reaction, and the patient made a good recovery. The method is one which seems to deserve trial in this country.

OFFICIAL LIST OF CHANGES OF STATIONS
AND DUTIES OF MEDICAL OFFICERS OF THE
UNITED STATES MARINE HOSPITAL SERVICE.
October 1, 1880, to December 31, 1880:

Bailhache, P. H., Surgeon. Detailed as chairman of Board of Examiners of candidates for promotion. October 6, 1880. To proceed to Norfolk, Va., as inspector. November 1, 1880. Detailed as president of Board of Inquiry to meet in St. Louis, Mo., November 17, 1880. November 9, 1880. On conclusion of duties under order of November 9th to proceed to Dubuque, Iowa, La Crosse and Milwaukee, Wis., Chicago, Ill., Detroit, Mich., and Buffalo, N. Y., as inspector. November 10, 1880.

Miller, T. W., Surgeon. Detailed as member of Board of Inquiry to meet in St. Louis, Mo., November 17, 1880. November 9, 1880.

Purviance, George, Surgeon. Detailed as recorder of Board of Inquiry to meet in St. Louis, Mo., November 17, 1880. November 9, 1880. Upon conclusion of duties under orders of November 9th to proceed to Louisville, Ky., as inspector. November 19, 1880.

Doering, E. J., Surgeon. Granted leave of absence for thirteen days from January 3, 1881. December 29, 1880.

Smith, Henry, Passed Assistant Surgeon. To proceed to Key West, Fla., and assume temporary charge of the service at that port. December 13, 1880.

Fisher, J. C., Passed Assistant Surgeon. Detailed as recorder of Board of Examiners of candidates for promotion. October 6, 1880.

Keyes, H. M., Assistant Surgeon. To report to president of Board of Inquiry, November 17, 1880. November 10, 1880.

Cooke, H. P., Assistant Surgeon. To proceed to Galveston, Texas, and assume charge of the service at that port, relieving Assistant Surgeon Guiteras. December 14, 1880.

Heath, W. H., Assistant Surgeon. Granted leave of absence for twenty days from October 21, 1880. October 20, 1880. To proceed to Buffalo, N. Y., and assume temporary charge of the service at that port, relieving Assistant Surgeon Cooke. November 18, 1880. To assume charge of the service at Buffalo. December 14, 1880.

Guiteras, John, Assistant Surgeon. To proceed to Galveston, Texas, and assume temporary charge of the service at that port, relieving Passed Assistant Surgeon Smith. December 13, 1880. When relieved by Assistant Surgeon Cooke, to rejoin his station. December 15, 1880.

Wheeler, W. A., Assistant Surgeon. To proceed to Pittsburgh, Pa., and report for temporary duty to Surgeon Purviance. November 10, 1880. Relieved from further duty at Pittsburgh, and ordered to report to Surgeon Fessenden at New York. November 27, 1880.

Benson, J. A., Assistant Surgeon. To proceed to Boston, Mass., and report for temporary duty to Surgeon Vansant. October 15, 1880.

Banks, C. B., Assistant Surgeon. To act as inspector of unserviceable hospital property at San Francisco, Cal. November 2, 1880.

Resignation. Brown, F. H., Passed Assistant Surgeon. Resignation accepted by the Secretary of the Treasury, to take effect November 5, 1880. October 7, 1880.

Promotion. Goldsborough, C. B., Passed Assistant

Surgeon. Promoted to be passed Assistant Surgeon from October 14, 1880. October 14, 1880.

Death. Glazier, W. C. W., Assistant Surgeon. Died at Key West, Fla., of yellow fever, December 12, 1880.

Dismissed. Keyes, H. M., Assistant Surgeon. Dismissed the service, to take effect December 31, 1880. December 24, 1880.

RESTORING THE HEART'S ACTION WHEN IT HAS CEASED TO BEAT.—I do not remember what induced me to kill a mouse by a blow upon the head, and rip it open to see the heart beat. It did not. I pricked it with a needle, and set it a-going. It stopped after a time. Then I gave it a second prick, and a few pulsations were distinctly seen. When I was in petticoats my father was sent for to see a girl in a fit. He was out, and when he came home he was informed of the fact. "How long ago, and any second message?" Being told, he thought he need not go. My mother suggested he "ought to go," which he did. He found the girl dressed in her grave-clothes and "laid out" upon a linen-covered table. He examined her, and found some warmth over the heart. He ordered hot water to be brought—not scalding hot—and poured it into a jug, tore her shroud open, stood on a chair, and poured a continuous stream of hot water, until the throbbings of the heart were distinctly seen. That girl was the mother of several children before I left Scotland, in 1848. My mother used to laugh, and take her share of the credit of her restoration to life.

An old man here, Robert Robinson, several years before his death, took a fit, and apparently expired upon the floor, where he was lying, pulseless and breathless. The heart had ceased to beat, and I was told that "he was beyond any doctor's power now." I felt some warmth over the heart, and tried my father's remedy; and, to the wonder of spectators, the septuagenarian revived and lived several years afterward. Hot water can easily be obtained, and no one can object to such an experiment.—*J. C. Reid, M.D., British Medical Journal.*

MARRIAGE AS A CURE FOR SUICIDE.—After all there is some advantage in having a wife and children. From a comparative analysis of the statistical tables of suicides for France and Sweden, M. Bertillon thinks he has established the following laws: 1. Widowers commit suicide more frequently than married men. 2. The existence and presence in the house of children diminishes the inclination to suicide in both men and women.

CHOLERA IN BURMAH.—Cholera is reported as being very prevalent and fatal in the villages near Prome (Med. Press and Circular). This place is noted for the extensive scale upon which those two Burmese delicacies, *gnappee* and oil of the heads of shrimps, are there prepared, and as the former is little else than a concoction of decomposed fish, it would appear that a somewhat zealous British official determined to take the summary process of putting a sudden stop alike to the manufacture and sale of the *gnappee*, hoping thereby to suppress the further prevalence of the epidemic. But it does not appear that measures thus taken were followed by the looked-for results. Cholera, according to the latest report received, continued to prevail, but the populace, irritated at what they considered interference with their rights to *gnappee*, entered upon demonstrations somewhat personal against the offending official, and petitioned the higher authorities against the action taken by him. So much for hasty and partially considered sanitation.

DANGERS OF STREET EXCAVATIONS.—It has not infrequently been observed that the disturbance of old and filth-sodden soil for sewerage or other purposes has been followed by an explosion of infectious disease; the germs that had been lying latent in the earth being apparently awakened to new vigor by contact with the upper air (British Med. Journal). An instance of this kind is reported from Vera Cruz, Mexico, where yellow fever has recently been prevalent. It is stated that the city was entirely free from this disease until the pavements were torn up to repair a street-railroad—a belt half a mile long by twelve feet wide through the center of the city. With the commencement of that work the disease appeared.

A SAD LESSON FROM OVERWORK.—An inquest was held at the Halifax Infirmary on Thursday last on the body of Joseph McCarogher McWilliams, surgeon, of Halifax, who died under the following circumstances (Med. Press and Circular): For some time past he has been in the habit of taking narcotics in order to procure sleep, and upon more than one occasion has narrowly escaped losing his life from the effects. He has often complained of overwork (he having a large practice) and has suffered from loss of sleep and from nervousness. On Christmas day he called in Dr. Hodgson Wright, who prescribed for him an iron tonic. He began to improve, but on Wed-

nesday morning Dr. Wright again found him fretful and nervous, and evidently under the influence of some narcotic. Dr. Wright cautioned the servants to watch him, and to keep from him all medicines of this character. Deceased admitted having had a dram and a half of tincture of opium, but said this was all. At noon the same day he was found in a profoundly comatose state, and he remained unconscious up to his death, which occurred about 5 o'clock the same afternoon. The jury returned a verdict of "death by misadventure from the effects of an overdose of opium taken for the purpose of procuring sleep."

OVARIOTOMY DURING PREGNANCY.—Karl Schroeder (*Zeitschrift für Geburtshülfe und Gynäkologie*), on the strength of seven successful ovariectomies during pregnancy performed by himself, and fourteen performed by Olshausen, with only two deaths, considers that ovariectomy during pregnancy is an operation not to be feared especially, and only to be avoided when especial contra-indications are present (British Med. Journal). It improves the prognosis, he considers, for the mother, and probably does not injure it for the child. The operation is best performed during the earlier months of pregnancy. Later, the broad ligaments are so full of dilated veins that the treatment of the pedicle becomes more difficult and more dangerous.

BEHIND THE TIMES.—The Med. Press and Circular says: The recognition for a need of supplementing the ordinary lectures on medicine by practical demonstrations other than the somewhat informal ones usually given in the ward is an important matter to the student, and in this instance the Durham University School is to be congratulated on the possible union of Professor Philipson and Dr. Drummond as the teachers of medicine to its students. We understand that the council of the college has regularly adopted the proposed change at Dr. Philipson's suggestion, and that the appointment will soon be made to the duties of the new office.

[This want, which was felt for many years by our leading American schools, has been met by supplementing each chair with a practical demonstrative course under a special teacher. The University of Louisville, medical department, has had these practical courses in successful operation for nearly three years, and with gratifying results.]

Selections.

Diseases of the Heart in Children.—W. H. Day, M.D., M.R.C.P., London, Physician to the Samaritan Hospital for Women and Children, in Med. Press and Circular:

In children, owing to the thinness of the chest-walls, the impulse of the heart is diffused over a larger space than in adults; not infrequently a part of the right ventricle may be detected beating immediately under the left costal cartilages close to the sternum. The apex may also be seen as well as felt in the normal position. When the intercostal spaces are depressed and the ribs prominent at their attachment to the sternum the partial outline of the heart becomes all the more distinct. The shape of the chest (whether natural, rickety, or pigeon-breasted) will influence the area of percussion dullness and the extent of the cardiac movement perceptible beneath the thoracic parietes.

The size of the heart does not increase with absolute regularity in childhood; for Rilliet and Barthez have shown that between the ages of fifteen months and five years and a half its circumference remains nearly the same, increasing slowly afterward until puberty.

Palpitation. We understand by palpitation a frequent and tumultuous action of the heart not usually accompanied by organic disease, though it is sometimes present in valvular affections. On placing the hand over the cardiac region a sudden and violent thumping movement is appreciable, and the heart's action can be seen beneath the chest-wall. The sounds are exaggerated, and there is sometimes a soft bruit, which vanishes when the organ resumes its tranquility. When the disorder is well pronounced there is considerable constitutional excitement, quick pulse, headache, and a tendency to syncope. The attacks come on in the night, or on first waking in the morning. The female sex is more liable to it than the male. As growth proceeds and the health remains delicate, continued palpitation of the heart may induce hypertrophy or dilatation.

The causes of this functional disorder are the nervous temperament, running after meals, violent exercise, mental emotion, anger, fear, etc. It is often witnessed among choreic children and those reduced by chronic or lingering disease, loss of blood, dyspepsia, and pulmonary affections. In Graves's disease (exophthalmia) the anemic condition is accompanied by palpitation of the heart and throbbing of the arteries.

The diagnosis mainly rests on the absence of the signs of organic disease and the frequency of the pulse, followed by steadiness and regularity as the attack subsides.

The treatment consists in the removal of the cause, if this can be done, and improvement of the digestive and nervous systems. Where there is dyspepsia an alkali with hydrocyanic acid will calm the excitement, and afterward the ammonio-citrate of iron, with a drop or two of liquor strychnia, according to age, may be given with advantage. The em-plastrum belladonna may be applied over the cardiac region if there be pain there. When the symptoms persist the main hope of relief depends on an improved state of the blood and attention to hygienic rules.

Syncope or fainting is occasionally observed in

children of nervous constitution. A peculiar sensation is first experienced of dizziness and swimming before the eyes, and singing noises in the ears, then the face and lips become pale, the skin clammy, and the pulse at the wrist so weak that it is barely perceptible. The patient, if unsupported, falls to the ground, and the breathing is hardly distinguishable. This alarms friends and bystanders, for the pallor of the face is death-like, the muscles are relaxed, and the extremities are cold. By and by if the recumbent posture is maintained a few deep sighs are drawn, and as respiration is established the natural color of the face returns. Mild cases do not last over a few seconds, and the pulse is only slow and weak; but severe cases continue for some minutes, and the patient no sooner shows signs of rallying than in attempting to stand up the syncope returns at once, the lids quiver, and drops of sweat stand upon the forehead.

The causes are loss of blood, or even the sight of it in some nervous constitutions, profuse diarrhea, extreme fatigue, severe pain, and affections of the heart. Sudden shock, or even excitement, are also capable of producing the symptoms.

Treatment. The recumbent posture should be maintained and a current of fresh air be admitted; ammonia to the nostrils, sprinkling cold water over the face, loosening all dress, and friction over the limbs. When the patient can swallow, a little brandy and water, or a draught containing ammonia, with spirit of chloroform, should be given. If the vapor of ammonia be applied to the nostrils, it should be done with care. If too strong the vapor may cause bronchitis.

Neurosal Affections. These consist of a neurosis of the cardiac ganglia, inducing functional disturbance in the heart's action. This neurosis is, I believe, a very common disorder among delicate children. When they cry on slight provocation and are restless and excitable a careful examination of the heart and circulation will often throw light upon an obscure set of symptoms. I have elsewhere fully entered into this subject. The complaint is observed in weak and delicate children, and in those who suffer from chorea or nervous states resembling it. Children who are born prematurely and who are badly reared and neglected during the first year of life are liable to it as they approach seven or eight years of age, particularly if the strain of school life is put upon them too early. General debility from any cause will favor an outbreak, and anemia and loss of blood by disturbing the equanimity of the nervous system will cause perverted nerve action. It may follow hooping-cough, chronic enlargement of the tonsils, or chronic pneumonia. The offspring of nervous or insane parents are also subject to it.

The symptoms are palpitation of the heart, followed by faintness and exhaustion. If the hand be placed over the cardiac region a thumping, violent movement is communicated to it, accompanied by irregularity or intermission of the pulse. This symptom is always a sign of imperfect muscular action through the quality of the blood and the unstable condition of the nervous system. Sleep is unrefreshing and restless or noisy, dreaming is common, and the urine often contains phosphates.

The treatment which I have almost invariably found successful consists in the employment of rest and tonics, good food, cod-liver oil, and warm clothing. Steel wine and arsenic (form 93), quinine, the syrup of phosphate of iron, the ferrum dialyzatum

(dialyzed iron), and Parrish's chemical food are valuable remedies in particular cases; but I place the greatest confidence in a combination of iron, digitalis, and strychnia. If there is excitement and sleep can not be obtained, iron may be combined with the bromide of potassium.

A Case of Epileptiform Neuralgia treated by Stretching the Intraorbital Nerve.—W. J. Walsham, F.R.C.S., in *British Med. Journal*:

The attacks, which usually lasted for about half a minute, were limited to the right side of the face. They began in the upper lip of the labial branch of the fifth nerve, spread to the side of the nose—i. e. to the nasal branches—and thence proceeded to the lower eyelid, i. e. to the palpebral branches. There was also pain in the supra-trochlear and supra-orbital branches of the ophthalmic, but this was of a subordinate character. During an attack there was a slight twitching in the levator anguli oris, and the eye on the affected side became suffused with tears. The patient was emaciated and exhausted; the pulse was small and feeble, and intermitted every thirtieth beat. Dr. Champneys, who kindly examined the heart for me, reported it healthy.

On January 24th she was ordered one thousandth of a grain of aconita (Hopkins and Williams) three times a day. After three doses the pulse intermitted every third beat, and the aconitia was consequently stopped. It produced no other noticeable symptom, nor did it relieve the pain.

On February 3d I exposed the infra-orbital nerve just below the spot where it emerges from the bone, separated it from its companion artery, passed an aneurism-needle under it, and stretched both the proximal and the distal parts with considerable force. The wound was sponged out with carbolic-acid lotion, the edges were brought into contact and secured with fine sutures, and then sealed with collodion. Immediately after the operation the sensation of the parts supplied by the nerve was found to be nearly perfect, except that there was some slight numbness. The patient passed a good night. She had several slight shooting pains, but no severe neuralgic attack.

From February 5th to 11th she had a sharp attack of erysipelas of the face, head, and neck. After this she progressed favorably without any pain until the 21st, when she had another similar attack of erysipelas, during which she had two or three attacks of severe pain, each lasting about half an hour. This pain was continuous, did not occur in spasms, and had not the characters of her previous epileptiform seizures.

From this time she convalesced favorably, without any pain whatever, and was discharged March 4th. When last heard of, five months after the operation, she had had no return of pain.

The case offers another example of the hitherto intractable nature of epileptiform neuralgia. During the ten years the patient had suffered from it she had tried almost every known remedy in the way of drugs (tincture of aconite, belladonna, strychnia, bromide of potassium, cannabis indica, morphia, iron, iodide of potassium, croton-chloral hydrate, arsenic, and salicin). Galvanism had also been tried. She had not had aconitia; and as this remedy is stated by Gubler (*London Medical Record*, 1877, p. 150), in his hands, never to have failed, even in cases of long standing, I gave it a trial before resorting to stretching. Although administered in very small doses, it had such

a marked effect upon the pulse that I felt it would be unwise to continue it; and in this opinion I was supported by my colleague Dr. Champneys, who saw the patient with me. It certainly did not cause any alleviation of the pain. Acupuncture of the corresponding parts on the side opposite that on which the pain was felt—highly spoken of by Dumontpallier, Charcot, Westphal, and others—as I expected, did not have the least effect. In the performance of the operation I followed the dictum laid down by Dr. T. Granger Stewart, of making traction upon the distal as well as upon the proximal part of the nerve, by pulling the lip and cheek downward, and at the same time holding the nerve at its point of emergence. . . .

It is now several months since this paper was written; and as I have not again heard from the patient, although she promised to let me know if she had a relapse, I think I may conclude that she is still free from pain. . . .

The benefit derived from nerve-stretching would seem to show that neuralgic of obscure origin depend rather upon a peripheral than upon a central cause. Dr. Anstie, among others, was strongly in favor of the view that all neuralgic have a central origin. He believed them to depend either on an atrophy, or tendency to atrophy, in the posterior or sensory roots of the painful nerve, or in the central gray matter, with which it comes into closest contact. But as cessation of the pain is almost immediate when the nerve is stretched, and as it has been shown that the stretching of a nerve does not primarily influence the center, it would appear that at any rate in these cases the neuralgia should be ascribed to change of function in the trunk or in its periphery.

A morbid condition of the spleno-maxillary ganglion has been recently suggested as a cause for intractable facial neuralgia, and the ganglion has been several times removed, with, it is said, good results. It is, however, not improbable that, as the superior maxillary nerve must be stretched in the operation, the benefit obtained depended upon the stretching of the nerve rather than upon the removal of the ganglion.

Nerve-stretching in Locomotor Ataxy.—This case was shown recently to his class by M. Charcot, at the Salpêtrière, an account of which is published in *Le Progrès Médical*. The patient was under the care of M. Debove. He was in an advanced stage of the disease, having been bedridden for eighteen months. The pains were very severe, preventing sleep, situated in the upper as well as the lower extremities, and had required constant injections of morphia in large doses. The motor incoördination was limited to the lower extremities; the patient could not stand at all. The patellar reflex was absent on both sides; there was extreme myosis, without visual defect, in both eyes. Cutaneous sensibility was deadened; there were no anesthetic patches. There was loss of the sense of position of his lower limbs.

The left sciatic nerve was selected for operation, on account of the pains being more severe upon the left side. It was exposed in the middle third of the posterior aspect of the thigh, and violently and suddenly elongated. The wound was dressed antiseptically. The operation was performed without chloroform, as experiment has shown that pinching a nerve violently causes momentary arrest of the circulation and respiration, and it was feared this arrest might be dangerous to a patient under chloroform. However,

the patient did not suffer much pain, owing to the extent to which he was saturated with morphia. The results were very remarkable. The darting pains had ceased completely and the motor incoördination had nearly disappeared, but the tendon reflexes and the myosis remained unaltered. The patient could touch M. Charcot's hand with either foot when held a couple of feet above his bed, and when assisted could stand upright, and even walk a few paces.

M. Charcot remarked that we do not know how this operation affects this result; but this matters little. The point of importance is that nerve-stretching appears likely to be an operation of much service to the unfortunate sufferers from ataxy.—*British Med. Journal*.

The Radical Cure of Hernia.—George Whyte, M.D., Elgin, in *British Med. Journal*:

J. H., aged ten, a seven-months' child, had double congenital inguinal hernia. When he first came under my care the bowel on both sides descended half way to the knees. It was, however, easily reduced in the recumbent position, and my three fingers could be passed into the abdomen. His parents informed me that an operation (apparently Wutzer's) had been previously performed when he was a child, but that the "plug" was forced out by crying—the only effect being to make matters worse instead of better. Trusses of various kinds had been persistently and perseveringly tried, but the bowel always slipped down. As the parents were afraid to let the boy go to school, or even mix with other children, they were most anxious that something should be done; so after giving a further trial to trusses, without benefit, I performed the following operation:

The boy, having been confined to bed for a few days, had his bowels well cleared out by enema on the morning of the operation. Chloroform having been administered and the right rupture reduced, I began by doing what is really the first part of Prof. Wood's operation—namely, incising the skin over the fundus of the tumor, and separating it from the coverings of the sac. The forefinger of the left hand, smeared with carbolized oil, was then passed into the canal, pushing before it the sac with its coverings. The edge of the internal oblique muscle was now felt for and clearly defined, and the inner pillar of the canal elevated upon the tip of the finger. A curved needle, with a long and strong handle, was now taken in the right hand and passed through the abdominal wall, piercing the inner pillar of the canal, and the invaginated sac and coverings, on to the tip of the finger, along which it was passed until the eye appeared at the external wound. Dr. Adam, who was kindly assisting me, then threaded the needle with a specially-prepared carbolized ligature. The needle was now partially withdrawn till it freed itself from the pillar, over which it was brought into the canal again on to the finger and unthreaded. The outer pillar of the canal was now defined and pressed forward with the finger, and the needle again passed through the abdominal wall and outer pillar on to the finger, out of the wound, and threaded; then partially withdrawn and passed over the pillar into the canal again, and unthreaded as before. I next passed the needle through the abdominal wall at a point lower down, through the conjoined tendon, on to the finger and out of the external wound. The ligature from the external pillar was passed through the eye of the needle, which was then passed over

the conjoined tendon and out at the external wound, and again unthreaded. It was next passed through the skin over lower part of the outer pillar, through Poupart's ligament, and threaded with the ligature from the inner pillar, and passed over the pillar and out at the external wound as before, and unthreaded. I had thus applied subcutaneously a ligature like a boot-lace to the inner and outer pillars of the inguinal canal, and through the invaginated sac, in such a manner that when the two ends were pulled upon the pillars were approximated, and the invaginated sac retained as a plug. Before withdrawing my finger I washed out the canal with carbolized solution. I then flexed the thigh and gradually tightened and tied the ends of the ligatures and cut them off. The external wound was closed with carbolized gut sutures, which were passed deeply, and a suitable dressing and bandage applied. A similar operation was performed in the left side. The patient was then put to bed and an opiate given.

The after-progress of the case was in every way satisfactory. A light truss was recommended to be worn as a precaution. Two years have now elapsed since the operation, and the boy can enter into all the rough sports of the school without in any way inconveniencing him.

Alcohol as an Antispasmodic.—It is scarcely correct to say that alcohol is a good antispasmodic in cases of acute, tonic, or tetanic spasm (*Med. Press and Circular*). But in such cases it becomes a convenient and compatible vehicle for the more active direct antispasmodics, and as such I frequently prescribe it. Thus in pure spasmodic asthma I commonly order for an adult the following mixture: Amyl nitrite, ℥ iij; alcohol, sp. gr. .830, ℥ ss; distilled water, ℥ jss. To make a draught.

This, with more water added to it to render the dose agreeable to the taste, is very rapid in its action. I have at the present time a patient suffering from spasmodic asthma who, for two years past, has always carried this compound with him. He has invariably some preliminary indications of an acute attack in the form of constriction across the chest, rapid and strong action of the heart, and coldness of the hands and feet. Before he took the remedy above named he found more relief from a sharp walk, or even a run, than from any other course of treatment, and he sometimes could stave off an attack by this plan. Now he at once takes his draught in cold-water—ice-water if he can get it—drinking it slowly, and he so certainly obtains the desired relief that for fifteen months he has not had one continued attack.

The Iodine Treatment of Asthma.—H. H. had suffered for the last six or seven years from attacks of dyspnea, coming on in the night at three o'clock A.M., which formerly occurred only in June or July, but latterly throughout the year. I painted the lines of both pneumogastrics with a mixture of equal parts of the liniment and tincture of iodine, and ordered him to repeat it every night. The next time I saw him he told me that "he had not had such a good night's sleep for twelve months." He slept all night, and was so surprised upon waking in the morning that he got out of bed to look at his watch before he would believe it. He discontinued the iodine after a few applications, as the skin became sore, but he has had no return of the attacks.—*Robert Saundby, M.D., in British Med. Journal*.